

Community Integrated Care Redmayne House

Inspection report

Redmayne Close off Station Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 27th of March 2015 and was unannounced.

Redmayne House is located a short walk from the town centre of Wigton. The service provides support for up to six people with a learning disability who have complex needs and limited verbal communication.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had sufficient appropriately recruited staff available to support people.

The staff knew how to identify abuse and how to report their concerns.

The service had carried out risk assessments to ensure that they identified potential hazards and protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

Staff had been trained to an appropriate standard and met regularly with their manager for supervision.

Summary of findings

People received a healthy and nutritious diet that was based on an assessment of their nutritional needs.

Staff spoke with people in a warm and friendly manner and treated them with dignity and respect.

Staff had worked hard to ensure that the service and those who used it were involved with, and felt part of the local community.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The registered manager promoted a positive culture that was open, inclusive and empowering. The provider had systems in place to ensure the delivery of good quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to provide support to people.

Appropriate risk assessments were carried out.

Good



Is the service effective?

The service was effective.

Staff records showed that they had received sufficient training.

Staff received supervision from their manager.

People's nutritional needs had been assessed and meals planned accordingly.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in a warm and friendly way.

We observed that staff treated people with dignity and respect.

People's right to privacy was upheld.

Good



Is the service responsive?

The service was responsive.

The service had successfully integrated the people who used it into the local community.

Care plans were based on comprehensive assessments

People were able to raise issues with the service including formally via a complaints process.

Good



Is the service well-led?

The service was well led.

The registered manager had created a positive culture that empowered the staff to improve the service.

The registered manager was supported by their senior manager.

There was a quality assurance system in use.

Good



Redmayne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27th March 2015 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

People who used this service were not easily able to express their views. We were able to access customer satisfaction surveys that the provider commissioned. We also spoke with five staff including the registered manager.

We looked at four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who use this service were not easily able to tell us their views. We observed that people who used the service appeared relaxed and content in the home.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had received training that ensured they were able to protect vulnerable people from abuse. The training included how to identify and report different kinds of abuse and staff were able to demonstrate their knowledge of this. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example in the event of a fire everyone had a personal evacuation plan. The plans included how to assist people with complex moving and handling needs. For example some people could be at risk of falling from bed and being injured so specialist beds had been purchased.

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people's needs. The registered manager explained that the number

of staff was based on the identified needs of the people who used the service. The registered manager was clear that people's 'needs' included being able to access the local community. In addition to this the manager was working in conjunction with a practitioner from the local authority who was reviewing the entire service including staffing levels. We noted that no one had to wait for assistance during our inspection and people were able to access the local community. This was because there were enough staff to meet people's needs.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview. If they were successful criminal records checks were carried out and references sought. The written records we saw confirmed this.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that though most MAR charts had been filled in correctly there was one missing signature, this was rectified immediately. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Is the service effective?

Our findings

People who use this service were not easily able to tell us their views. We observed that people appeared to enjoy food that was offered to them. Staff were well trained and experienced in different types of communication. We saw them utilising these skills with people who used the service.

We looked at training records for the staff and saw that they had received basic social care training. This included record keeping, moving and handling and non-violent crisis intervention. We saw that staff were also undertaking additional vocational qualifications in health and social care.

We looked at supervision and appraisal records for staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. All staff had met with the registered manager of the home for supervision and appraisal

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives, advocacy services and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. We saw that nutritious homemade meals were being served. People's written support plans stated that they were encouraged, where possible, to assist with the preparation of meals. People weight was monitored on a regular basis, this helped staff to ensure that they received they were not at risk of malnutrition.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GP's and community learning disability nurses. This supported people to maintain good health.

On our previous inspections we had noted that the environment was not particularly homely. On this visit we found that staff in the home had re-decorated throughout to a high standard. Each bedroom had its own theme that had been chosen in conjunction with the people who used the service. Communal areas had also been decorated in order to create a warm and pleasant environment.

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We were able to access some comments from relatives that were gathered in a customer satisfaction survey. One person stated “You [the staff] all do a first class job.”

We observed that staff supported people in a friendly and compassionate manner. People who used the service responded well to this approach. It was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people’s personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Many of the people who used the service faced challenges around communicating their decisions. However the service had produced support plans which identified people used a variety of different ways to make their needs known. For example when one

person was consistently nodding this meant that they wanted to be engaged and interacted with. This meant that staff were aware of how people communicated their wishes and they were able to act upon them.

People were also able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People’s privacy and dignity was upheld. We saw staff treating people with dignity, for example ensuring bedroom or bathroom doors were kept closed during personal care. We noted that staff always knocked on people’s doors rather than walk straight in to their room. Staff we spoke with knew that maintaining people’s privacy and dignity was important.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against.

Is the service responsive?

Our findings

People who use this service were not easily able to tell us their views.

We looked at how the service kept people from being socially isolated. According to people's written records of care there were regular trips into the community. In fact all the people who wished to go out of the home did so on the day of our inspection. They visited local shops and cafes or just went for a walk. In addition to this staff who were not on duty visited the home throughout the day, some brought their children to see people who used the service while others checked that ongoing refurbishment was of a satisfactory standard. Staff told us, "We're a member of the community, the people of the town know us and are pleased to see us." A relative who commented in the customer satisfaction survey wrote, "I do appreciate the hard work the staff put in catering for the needs and preferences of each person and also the thought that goes into outings and holidays to make life more interesting for each of them." We judged that the effort the staff and the registered manager made to ensure that people were part of the community and the atmosphere this created in the home was exemplary.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that particular some people needed additional support to be able to use the kitchen safely. This assessment was then used to formulate a support plan that minimised the risks

to people, in this particular example the support plans stated that people must be accompanied by a member of staff when in the kitchen. The member of staff was responsible for ensuring that people avoided hazards when in that area.

We noted that there were support plans for all the needs that had been identified in people's assessments. They included community support, personal care, nutrition, communication and moving and handling. The standard of care plans in the service was good and they promoted people's independence. We found that they outlined what to do to support people in a clear and concise way.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager informally if they had concerns.

In addition to this the service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. At the time of our inspection there were no outstanding complaints against the service.

Is the service well-led?

Our findings

People who use this service were not easily able to tell us their views.

We spoke with staff and asked them if they thought they were well led. Staff told us, “We’ve been encouraged and allowed to make changes.” And, “We’ve worked really hard to make the home what it is.”

During our inspection it was clear that the registered manager was very knowledgeable about the day to day operation of the service. We noted that when necessary she worked alongside her staff providing support to people and giving support to staff. This helped her to maintain oversight of the quality of care

We spoke with the registered manager. She had a clear vision as to how support should be provided in the home and how people who lived with learning disabilities should be involved in the community. We saw that the registered manager and her staff had supported people to achieve their goals. The registered manager told us that she, “Facilitated, empowered and encouraged” her staff and the people who used the service. She went on to say,

“Motivated staff impacts on the people we support.” We acknowledged that the service had indeed provided excellent support to people and that staff were motivated and well led.

There was a clear management structure in place. The registered manager reported directly to the area manager who visited the home regularly and was in contact frequently.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided at Redmayne House. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The checks and audits were compiled into a single document which was then sent to the provider for analysis. This helped ensure that people were provided with a high quality service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.